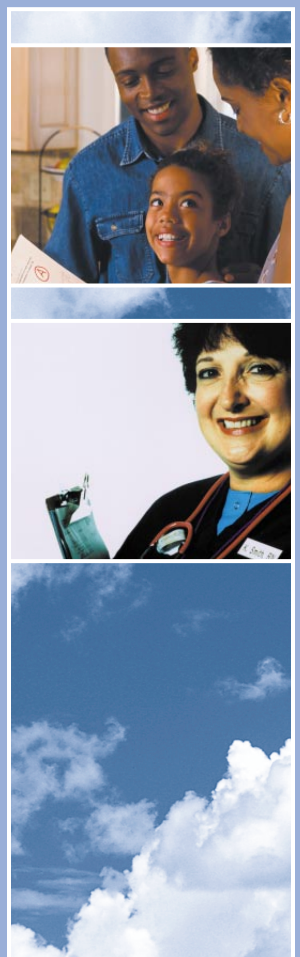
Tobacco-Free Michigan

A FIVE-YEAR STRATEGIC PLAN FOR TOBACCO
USE PREVENTION AND REDUCTION 2003 – 2008

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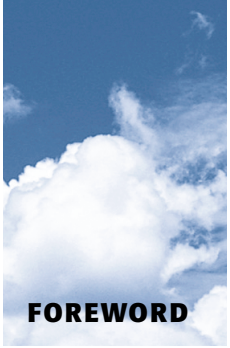

FOREWORD

An epidemic of premature death is occurring in our great state of Michigan.

Every year more than 15,000 Michiganders needlessly die from tobacco-related diseases, including heart disease, lung disease, and cancer. An additional 1,900 nonsmokers die from the effects of exposure to secondhand smoke, costing Michigan over 200,000 years lost to premature death and several billion dollars in lost productivity and health care expenditures. The toll of tobacco is both a personal human tragedy and a crushing economic burden to our state.

In July 2003, Michigan Surgeon General Dr. Kimberlydawn Wisdom, convened a statewide forum of tobacco control advocates and professionals. Their charge was to develop a tobacco reduction and prevention strategic plan that would correlate with the Healthy People 2010 objectives, and chart a course to cut in half the rates of tobacco use among Michigan adults and teens.

The Five-Year Strategic Plan for Tobacco Use Prevention and Reduction is the answer to the charge. It is a prescription for a healthier Michigan. It builds upon our past achievements and promotes evidence-based, effective interventions that include increasing clean indoor air regulations, increasing the cost of cigarettes, reducing the out-of-pocket cost of treatment by providing insurance coverage for tobacco use treatment, implementing a statewide proactive telephone quit-line to help smokers quit, offering treatment to smokers every time they are seen in health care systems, and implementing sustained media campaigns to encourage smokers to quit, and to discourage children from starting.

The Strategic Plan acknowledges the political, economic, and social influences wielded by the tobacco industry and seeks strategies that would impact those barriers. The Plan also acknowledges the need to address the significant and disproportionate impact of tobacco use within major ethnic populations and other groups, such as the gay and lesbian communities, union workers, pregnant women, the elderly, and college students.

To be successful, the Five Year Strategic Plan must be owned and operated by many stakeholders who will commit to implement approaches that we know are effective. Those who support and endorse this plan have an opportunity and a responsibility to energetically move the tobacco prevention and health promotion agenda forward through strong partnerships and advocacy with local, state and national leaders. We look to our advocacy partners to address the legislative initiatives.

With the energy, optimism and anticipation rising with the emergence of the new millennium, we must join together to aggressively confront and eliminate the tobacco epidemic. There is no finer legacy that we can leave the next generation than a population that is healthier and wealthier because it is tobacco-free.

During the past year, our organizations have been intensely involved in the development of the Strategic Plan. We continue our commitment as participants and partners in the Strategic Plan Implementation Workgroups. Our sincere wish is that more will join us, and that through our collective efforts we will successfully navigate the ambitious objectives to increase smoke-free environments and decrease tobacco use.

Here's to a Tobacco-Free Michigan!

The American Cancer Society, Great Lakes Division

The American Hearth Association,
Greater Midwest Affiliate

The American Lung Association of Michigan

The Michigan Department of Community Health

The Michigan Public Health Institute

Tobacco-Free Michigan

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EXECUTIVE SUMMARY

The blueprint for action on reducing tobacco use in this decade has been spearheaded by the Healthy People 2010 Objectives. They are both realistic and ambitious targets. Michigan partners and stakeholders, committed to reduce tobacco use, have developed the Five-Year Strategic Plan for Tobacco Use Prevention and Reduction in order to set an interim five-year goal, 2008 as a benchmark for measuring progress, and to create a Michigan-specific plan for action.

Michigan proponents have a healthy legacy from which to launch renewed tobacco reduction and prevention efforts. Since 1990, there have been organized and energetic work on public policies that:

1) promote clean air in public places and worksites;
2) ban tobacco use in schools during school hours and at all times in licensed child caring institutions;
3) increase the tobacco excise tax to halt youth initiation and discourage adult smoking;
4) increase nonsmoking seating in restaurants;
5) ban billboard advertising of tobacco products; and
6) implement smoke-free regulations in three Michigan counties and one city providing smoke-free environments in all worksites and public places, excluding bars and restaurants.

There is however, much work left to do in order to achieve progressive programs and policy change. The Five Year Strategic Plan represents the renewed effort of experts and advocates to advance the Healthy Michigan 2010 tobacco reduction and prevention objectives. The plan is the result of a concerted five-month effort invigorated by the support of Michigan Surgeon General, Dr. Kimberlydawn Wisdom. Designated workgroups focused on one of four Goal Areas:

1) Identify and Eliminate Disparities in Tobacco Use;
2) Eliminate Exposure to Secondhand Smoke;
3) Increase Cessation among Adults and Youth; and
4) Increase Youth Tobacco Use Prevention and decrease Initiation.

By September 2003, the groups had submitted strategic plan recommendations for each Goal Area. They were incorporated into the current plan with priorities, baseline data, and targets established for each objective in the category (see pages 5-23).

The Five-Year Strategic Plan recognizes the importance of incorporating educational, clinical, regulatory, economic, and comprehensive approaches in order to be successful and in order to meet the ambitious 2010 Healthy People Objectives. A good plan design does not guarantee achievement. Successful implementation of the Strategic Plan depends on strong, ongoing collaboration and the committed action of those partners, stakeholders, and advocates who support and endorse these objectives. Focus on populations disproportionately affected by tobacco use, heavily targeted by tobacco advertising or with disparities in access to health care is strategically central to significant progress in reaching the five-year and ten-year goals.

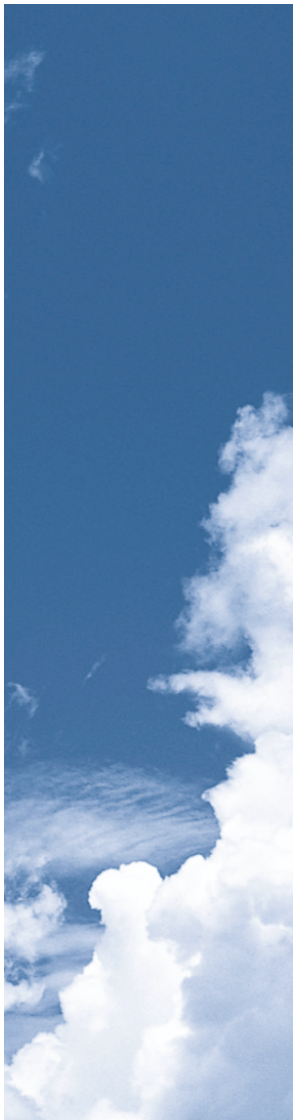
The Strategic plan will be subject to ongoing monitoring and an annual evaluation. There will be opportunity to update and revise it as some objectives are achieved, new challenges arise, and new collaborations and partnerships develop. Implementation and Evaluation workgroups will provide periodic updates at quarterly membership meetings of Tobacco-Free Michigan. An annual Tobacco-Free Report Card will be presented in the fall each year.

INTRODUCTION

BRIEF HISTORY

Michigan's effort to organize tobacco reduction activities began in earnest in 1990, with the release of the recommendations of the Michigan Tobacco Reduction Task Force. The Task Force, which was assembled by former state health director, Raj Wiener, represented more than 60 organizations interested in reducing tobacco use in the state. Its report, Tobacco-Free Michigan 2000, contained a blueprint for policy to impact tobacco use and create protection from secondhand smoke. This strategic plan, along with support from Task Force participants, Tobacco-Free Michigan members, and an American Stop Smoking Intervention Study (ASSIST) grant from the National

Overview of Tobacco Control in Michigan



Cancer Institutes combined the human resources and funding needed to energize a plan of action that was largely managed by the Michigan Department of Community Health (MDCH) Tobacco Section.

From its inception, the tobacco control movement has enjoyed widespread support from varied sources and collaborative partnerships. The MDCH Tobacco Section has worked effectively and collegially with non-profit advocacy groups such as the American Heart Association, the American Cancer Society, and the American Lung Association. In 2001 Tobacco-Free Michigan received a grant from the Robert Wood Johnson Foundation, which has catalyzed Michigan's smoke-free policy efforts, particularly at the local level. The program has also built mutually beneficial relationships with many statewide organizations, such as the Michigan Association for Local Public Health, the Michigan Association for Health Plans, The Center for Social Gerontology, and the Michigan State Medical Society, as well as local groups, around key tobacco control and policy issues.

KEY ACCOMPLISHMENTS

The power of such partnerships has resulted in significant improvements on the way toward a tobacco-free Michigan. With the exception of the Youth Tobacco Act and the Michigan Clean Indoor Air Act, all of the following legislation passed since the 1990 Task Force recommendations:

- Restriction on smoking in publicly owned buildings and certain other venues. Michigan Clean Indoor Air Act - Public Act 198 of 1986
- Ban on the sale of tobacco to minors. Michigan Youth Tobacco Act - Public Act 314 of 1988
- Prohibit the sale of cigarettes outside of original packaging (loosies) - Public Act 272 of 1992
- Restrictions on the distribution of free tobacco samples through the mail - Public Act 273 of 1992
- Ban use of tobacco products in school buildings at all times and on public school grounds until 6:00 p.m. on school days - Public Act 140 of 1993
- Ban on smoking at any time in licensed child care centers and child-caring institutions - Public Act 217 of 1993
- Ban on smoking in licensed family child care homes during hours of operation - Public Act 217 of 1993
- Increased nonsmoking seating in restaurants - at least 50% nonsmoking seats in establishments with 50 seats or more; at least 25% non-smoking seating in smaller restaurants. Public Act 242 of 1993
- 1993 - Increased tobacco excise taxes (75 cents per pack on cigarettes; 16% of wholesale price on other tobacco products) - Public Act 327 of 1993
- 2002 - Increased tobacco excise taxes (50 cents per pack on cigarettes; 16% of wholesale price on other tobacco products) - Public Act 503 of 2002
- Requirement of a tax stamp on all tobacco products sold in Michigan - Public Act 187 of 1997
- Ban on billboard advertising of tobacco products - Public Act 464 of 1998
- Smoke-free regulations in all worksites and public places, excluding bars and restaurants in Marquette City (1998), Ingham County (February 2002), Washtenaw County (November 2002), and Genesee County (November 2003)
- Over 40 local ordinances and polices that address smoke-free environments, vending machines, tobacco advertising, and retailer licensing

CURRENT PROBLEM

With fading memory of the Tobacco-Free 2000 objectives, a former administration that was generally uninterested in progressive policy change, the sound defeat of a 2002 ballot initiative to earmark tobacco settlement funds to health care, and a trend in funding cuts to the MDCH Tobacco Program, recent efforts to make positive changes in tobacco control policy have been waning and anemic. Although the state has benefited sporadically and intermittently from new out-of-state funding streams emanating from the 1998 tobacco settlement and has seen an increase in the cigarette tax, potential progress has been muted because of partial and incomplete communication links between likely colleagues.

SOLUTION

This situation has emphasized the need to convene the parties with primary interest in tobacco control policy to re-evaluate efforts to date and develop a strategic plan. This strategic plan will directly correlate with the Healthy People 2010 tobacco objectives, build on previous achievements, and encompass current efforts to create a comprehensive set of tobacco-free objectives. The Five-Year Plan reflects the commitments and excellence of its individual stakeholders and seeks to rekindle the spirit of collaboration that was born out of the 1989 Tobacco Reduction Task Force.

Developing a Plan

PLANNING PROCESSES

With support from partners and stakeholders, the MDCH Tobacco Section initiated a planning process that was to encompass a three-to-five month period. A process was initiated to bring together all stakeholders. Their charge was to develop and implement a strategic tobacco control plan that includes all the components of an adequately funded, based-on-best-practices, and comprehensive tobacco control program. The Strategic Plan will focus on best practice strategies in four goal areas: smoke-free environments, youth tobacco prevention, identifying and reducing disparities, and adult and youth cessation. These goal areas are defined by the Centers for Disease Control, Office on Smoking and Health. The Strategic Plan will allow for innovative and creative approaches with growing awareness that some methods may be more appropriate for some population groups than for others. The Strategic Plan will be endorsed and adopted for implementation by all stakeholders and partners by May 2004. The goal for the Strategic Plan is to achieve all focus area objectives within a five-year time frame - between October 2003 and October 1, 2008.

INITIAL PLANNING PHASE

April 25, 2003.

A small Steering Committee of current stakeholders in tobacco control convened. Those present included the American Lung Association of Michigan, the American Heart Association - Greater Midwest Affiliate, the American Cancer Society - Great Lakes Division, MDCH Chronic Disease Division, Center for Tobacco Use Prevention and Research, Smoke-Free Environments Law Project, Michigan Association for Local Public Health, and Tobacco-Free Michigan. There were two major outcomes: 1) Participants developed a list of objectives that they thought were reasonably achievable at the end of the five year period, October 2008; and 2) The group recommended bringing together as large a group of stakeholders as possible, convened by Dr. Kimberlydawn Wisdom, Michigan Surgeon General.

May 2, 2003.

The Strategic Plan concept was presented at a Tobacco-Free Michigan membership meeting to about 100 members. They were asked to review the list of objectives developed on April 25 for each goal area and provide their own comments and suggestions. These were sent to the MDCH Tobacco Section staff and were incorporated into each of the goal area objectives.

July 25, 2003.

In keeping with the recommendation by the April 25 Steering Committee and with support from the Michigan Surgeon General, stakeholders, partners and interested parties were convened to begin in-depth work on development of the Five Year Strategic Plan. Michigan Surgeon General, Dr. Kimberlydawn Wisdom, convened the session using the Tobacco-Free Michigan summer membership meeting as a forum. After the plenary session, individuals self-selected into one of four tobacco control focus area workgroups:

- **Identify and eliminate the disparities related to tobacco use and its effects among different population groups**
- **Eliminate exposure to secondhand smoke**
- **Promote quitting among adults and young people**
- **Prevent initiation of tobacco use among young people**

(See the Goal Areas for a list of each workgroup's participants)

The focus area workgroups met at least twice during August and September to continue work on the respective components of the Strategic Plan. The workgroups wrote objectives for the focus areas and included best practices strategies and potential partners, which were then incorporated into the Five-Year Strategic Plan. The Plan was unveiled to participants, stakeholders, and partners at the October 2003 Tobacco-Free Michigan meeting. Subsequently, all stakeholders are asked to participate in a review and approval process to be completed by May 2004.

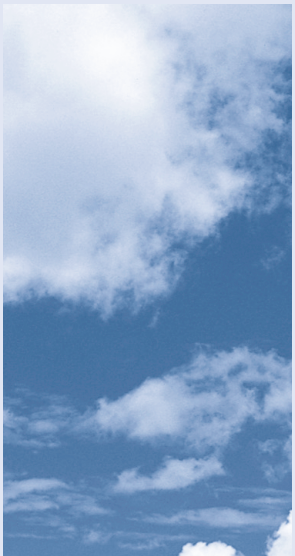
The Five-Year Strategic Plan

INTRODUCTION TO THE FOUR GOAL AREAS

During the last twenty years an impressive body of evidenced-based strategies and best practices has emerged to guide state and national tobacco reduction and prevention initiatives toward success in achieving a society in which: 1) tobacco-free messages and models are the norm; 2) young people reject tobacco use; 3) anyone who wants to quit has adequate support and resources; and 4) the short-term and long-term economic and health benefits of a tobacco-free society are clearly present and available to all.

The following pages describe the specific objectives and major strategies in each of the four goal areas that were identified by members of the focus area workgroups. The objectives are ambitious and realistic with baseline data and targets for each. When accomplished, they will significantly contribute toward the Healthy People 2010 tobacco reduction goals. In addition to benefiting from the expertise and rich experience of workgroup members, the objectives were developed with guidance from the following seminal documents:

- **Tobacco Free Michigan 2000 (MDCH)**
- **Healthy People 2010 (HHS)**
- **Best Practices for Comprehensive Tobacco Control Programs (CDC)**
- **The Guide to Community Preventive Services: Tobacco Use Prevention and Control (AJPM)**
- **Introduction to Program Evaluation (CDC)**
- **Surveillance and Evaluation Data Sources (CDC)**
- **Women and Smoking: A Report of the Surgeon General, 2001**
- **Tobacco Use Among U.S Racial/Ethnic Minority Groups: A Report of the Surgeon General, 1998**
- **Reducing Tobacco Use: A Report of the Surgeon General, 2000**
- **Preventing Tobacco Use Among Young People: A Report of the Surgeon General, 1994**
- **Clinical Practice Guidelines, Treating Tobacco Use and Dependence (HHS)**



Identify & Eliminate Disparities

Unequivocally, the Five-Year Strategic Plan, if it is to achieve its goal, must place first priority on addressing and mitigating the disparate effect of tobacco use and its accompanying health and economic tolls among identified specific population groups in Michigan. This challenge requires an aggressive, multi-faceted strategy to:

- Adequately identify and describe the groups or populations
- Bring awareness to the disproportionate effect of tobacco use among these groups
- Implement prevention education and cessation interventions that are appropriate and sensitive to the group's/population's language, customs and practices
- Identify and/or develop measures for evaluating the impact of the implemented strategies

In September 2001, MDCH was awarded supplemental funding from the Centers for Disease Control and Prevention to address tobacco-related disparities. The goal was to assemble a diverse workgroup that would develop a strategic plan to identify, reduce, and eliminate tobacco-related disparities among populations.

With input from racially, culturally and geographically diverse individuals, the workgroup identified over 20 special groups that bear a disproportionate burden resulting from tobacco use. The group created a strategic workplan for addressing these disparate effects of tobacco use that was completed in February 2002. The workplan was later handed over to the Five-Year Strategic Plan workgroup for further development and implementation. The following objectives were modified for clarity and measurement and reformatted for consistency. It is crucial to the success of these objectives that they be separately described and then fully incorporated into the other three focus areas.

OBJECTIVE 1

By October 2008, incorporate prevalence and morbidity/mortality data for all groups disparately affected by tobacco use, into established data collection tools and/or create new data collection instruments to capture missing information. Interim: By October 2005, incorporate prevalence and morbidity/mortality data for Michigan's five major ethnic populations into established data collection tools and/or create new data collection instruments to capture missing information.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Analyze Michigan-specific data to establish gaps in knowledge.
2. Collaborate with data gathering agencies to identify and improve the accuracy of current surveillance systems. If necessary, create new mechanisms to eliminate gaps in data.
3. Collect and compile accurate data for tobacco and special populations to establish baseline and track progress.

OBJECTIVE 2

By October 2008, increase policy makers' and community leaders' awareness regarding the burden of tobacco-related disparities and the need for increased funding.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Identify key elected state and local policymakers and community leaders.
2. Collect and compile tobacco-, economic- and health-related data relevant to local policymakers.
3. Hold community forums for community leaders and the public to discuss barriers and solutions.
4. Recruit local coalition members, grassroots organizations and tobacco free partners to assist in advocating to policymakers.
5. Develop a Michigan-specific email system in which tobacco control advocates may directly write to policymakers regarding tobacco-related issues.

OBJECTIVE 1 BASELINE AND TARGET:

October 2008

Data Source	Baseline	Target
Michigan Tobacco Use Matrix (MDCH)	27% of the Matrix data is complete with mixture of Michigan and national data	100% of the Matrix data will be complete with Michigan-specific data

Interim: October 2005

Data Source	Baseline	Target
Michigan Tobacco Use Matrix (MDCH)	27% of the Matrix data is complete with mixture of Michigan and national data	100% of the Matrix data will be complete for Michigan's five major ethnic populations

OBJECTIVE 2 BASELINE AND TARGET:

Data Source	Baseline	Target
Local surveys of elected officials and community leaders	Pending completion of the MDCH Smoke-free Database	80% of respondents acknowledge awareness of the issue

Note: The MDCH Tobacco Section is completing a Smoke-free Database which will include information from surveys of locally elected officials and community leaders regarding their understanding and awareness of issues regarding tobacco control.

GOAL AREA ONE WORKGROUP PARTICIPANTS

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OBJECTIVE 3

By October 2008, increase quit attempts among African American, Latino/Hispanic American, Arab/Chaldean American, Asian American, Native American, and White WIC participants.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Collaborate with WIC staff to promote and integrate tobacco use and secondhand smoke messages into current programming and existing WIC communication outlets.
2. Promote a culturally appropriate Smoke-Free Homes campaign in Mid-, West- and Southeast Michigan.
3. Identify existing data sources for low-income African American, Arab/Chaldean, Latino/Hispanic, Native American, and White women to accurately monitor tobacco use prevalence and secondhand smoke exposure in the home.
4. Identify and/or develop culturally appropriate tobacco education materials and cessation resources.
5. Provide cessation referrals for quitting such as the Expectant Mother's Quit Kit, nicotine replacement therapies, etc.

OBJECTIVE 4

By October 2008 reduce initiation of tobacco use among youth, grades 6-12, especially Native American and White youth by modifying the social environment.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Promote a culturally specific Michigan Smoke-Free Homes Pledge initiative.
2. Educate and encourage youth recreational facilities to adopt 24-hour tobacco-free policies.
3. Educate Native American youth about traditional, sacred tobacco use versus commercial tobacco abuse.
4. Educate the Michigan High School Athletic Association (MHSAA) about the benefits of tobacco-free policies and encourage the adoption and implementation of these policies.
5. Develop a culturally specific social norms media campaign for selected areas, beginning in Mid- and West Michigan.

OBJECTIVE 5

By October 2008, increase participation in tobacco control efforts of populations disparately affected by tobacco use through increased coalition recruitment and increased funding to more community groups representing the special populations.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. MDCH Tobacco Section will use the Communities of Color grant program to develop grant programs that address tobacco use needs in other disparately affected populations. (Fall 2004)
2. Promote recruitment by local tobacco-reduction coalitions of new members from disparately affected populations, especially communities of color, youth, and minority business owners.
3. Provide capacity-building workshops for organizations representing disparately affected populations.
4. Standardize tobacco-related education and promote best practices throughout state and local health departments.
5. Hold a statewide Disparities Conference to market the Disparities Strategic Action Plan.

OBJECTIVE 6

By December 2005, promote secondhand smoke awareness within three (3) automobile assembly plants in Southeast Michigan. [See Objective #3, Eliminate Exposure to Secondhand Smoke, Page 12]

OBJECTIVE 3 BASELINE AND TARGET:

Data Source	Baseline	Target
Leade Health Quitline Evaluation	None	Interim target to be established in December 2004
Women, Infants & Children (WIC)	Stopped smoking for 1 day or longer because they were trying to quit during or after pregnancy African American = 45% Arab / Chaldean = n/a Asian American = 44% Latino / Hispanic = 38% Native American = 42% White = 40%	Stopped smoking for 1 day or longer because they were trying to quit during or after pregnancy African American = 75% Arab / Chaldean = 75% Asian American = 75% Latino / Hispanic = 75% Native American = 75% White = 75%

Note: Baseline data is obtained from the National Health Interview Survey (NHIS), 1998. Collaboration will need to take place with Women, Infant & Children (WIC) in order gather Michigan specific data.

OBJECTIVE 4 BASELINE AND TARGET:

Data Source	Baseline	Target
Arizona Youth Tobacco Survey, 2000	53.4% initiation for Native American youth grades 6-8	44.7% initiation rate for NA youth grades 6-8
Great Lakes Inter-Tribal (GLITC) Youth Tobacco Survey, spring 2003	79.0% initiation for Native American youth grades 9-12	60.0% initiation rate for NA youth grades 9-12
Michigan Youth Tobacco Survey, 2001	a. 30.9% initiation rate for White youth grades 6-8 b. 60.9% initiation rate for White youth grades 9-12	a. 22.2% initiation rate for white youth grades 6-8 b. 50.5% initiation rate for white youth grades 9-12

Note: AZ YTS baseline data is included pending completion of MI YTS baseline data. The GLITC is conducting the MI Native American YTS

OBJECTIVE 5 BASELINE AND TARGET:

Data Source	Baseline	Target
MDCH Coalition assessments	Pending completion of the MDCH Smoke-free Database	All funded coalitions will have representatives from at least two disparately affected groups.
MDCH Chart of funded programs – amount and number of grants	14 Communities of Color grantees ranging from $32,000 - $65,000	14 Disparities grantees (including Communities of Color and other disparately-affected groups) ranging from $32,000 - $65,000

Note: Local community assessments are completed and/or updated annually by local community reduction coalitions. These are reported to MDCH Tobacco Control Program.

GOAL AREA TWO

Eliminate Exposure to Secondhand Smoke

OBJECTIVE 1

By October 2004 increase the reach, frequency and duration of a statewide media campaign to raise awareness about the risks of secondhand smoke.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Organize a coordinated effort to maximize limited media resources.
2. Research and utilize effective secondhand media messages from other states.
3. Develop messages tailored to reach populations disparately affected by tobacco.
4. Implement media campaign to support secondhand smoke policy initiatives.
5. Develop a strategy to train tobacco control advocates (including youth) in local media advocacy.
6. Collaborate with Clean Indoor Air Networks to apply for local community foundation funding to conduct regional media campaigns.

OBJECTIVE 2

By December 2004 amend the Tobacco-Free Schools Act to include a 24/7 smoke-free campus policy for all public and private schools, including all property, vehicles, and outdoor school events.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Develop a legislative strategy to promote a 24/7 smoke-free schools campaign, including a media component.
2. Engage school associations and organizations in the campaign (MEA, PTA, School Board Association, School Nurses Association, Coaches Association, School Administrators Association, and other Parent Groups).
3. Engage students to be involved in the campaign.
4. Educate local school boards. Gather resolutions in support from school boards.

OBJECTIVE 3

By December 2005 amend Michigan's Clean Indoor Air Act to establish 100% smoke-free work environments for all public and private worksites that includes non-preemptive language.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Develop a legislative strategy to achieve 100% smoke-free work environments in all public and private worksites.
2. Work for bipartisan representation to support the amendment
3. Continue to build a critical mass of support through local smoke-free worksite regulations and ordinances.
4. Continue to build local networks to educate and advocate for state law.
5. Make contact with UAW, Ford, GM, Chrysler, manufacturers associations, business groups, wellness officers/groups, human resources groups, HMOs/ insurance companies and local Chambers of Commerce for support.
6. Develop and implement a media campaign to provide education and support for amendment of the MCIA.
7. Develop information on cost-saving benefits and minimal cost of implementation and enforcement of the law.
8. Get testimony from businesses in Ingham and Washtenaw Counties and the city of Marquette.
9. Recruit asthma coalitions to smoke-free air efforts.

OBJECTIVE 1 BASELINE AND TARGET:

Data Source	Baseline	Target
SHS media buys through Brogan, Inc. SHS TV and radio ads thru the Michigan Assn.of Broadcasters and Michigan Cable Telecommunications Assn.	No. of buys, reach, frequency and duration for September 2003 for the target group. 1 buy (2 spots) – Careful Tim and Careful Dave; Reach – 91.5% Average Frequency – 6.42 Duration – 2-3 weeks	50% of the CDC recommended saturation for a given target population

Note: Baseline data is obtained from the National Health Interview Survey (NHIS), 1998. Collaboration will need to take place with Women, Infant & Children (WIC) in order gather Michigan specific data.

OBJECTIVE 2 BASELINE AND TARGET:

Data Source	Baseline	Target
Tobacco-Free Schools, Public Act 140 of 1993	All public schools have a smoke-free building policy; weekends, holidays and	100% of all public and private schools will have a 24/7 smoke-free campus policy
MDCH Smoke-Free Database	15% of all public schools districts currently have a 24/7 smoke-free campus policy	100% of all public and private schools will have a 24/7 smoke-free campus policy

OBJECTIVE 3 BASELINE AND TARGET:

Data Source	Baseline	Objective Goal
Michigan Clean Indoor Air Act, Public Act 198 of 1986	Restricts smoking to designated areas in publicly owned buildings and certain private facilities; places stronger restrictions on child care centers and some health care facilities	All public and private work sites in Michigan will be required to be 100% smoke-free with no designated smoking area provision. Will include non-preemptive language
MDCH Smoke-Free Database	Approximately 60% of all private work sites are smoke-free.	100% of all public and private work sites will be smoke-free.

OBJECTIVE 4

By October 2008, amend the law regulating smoking in restaurants to make all bars and restaurants 100% smoke-free.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Develop and implement a legislative strategy.
2. Develop and implement a media campaign to support the legislative campaign.
3. Conduct a statewide survey regarding public opinion on this issue.
4. Produce and disseminate a report with profitability data regarding smoke-free bars and restaurants in other states.
5. Educate bars and restaurants about going smoke-free. Collaborate with local health departments' Environmental Health Sections.
6. Engage youth and bar and restaurant employees in campaign.
7. Encourage and offer assistance to bars and restaurants wishing to implement volunteer smoke-free policies.
8. Organize owners of smoke-free bars and restaurants to provide positive testimony.

OBJECTIVE 5

By October 2005, increase the number of Michigan's four-year public and private college/universities with smoke-free dorms by 50% for private institutions and by 60% for public institutions.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Persuade four-year colleges and universities to establish smoke-free dorms.
2. Engage and educate supportive students in campaign.
3. Engage and educate college and university administrators.
4. Engage local fire departments and student groups to be supportive.
5. Engage asthma coalitions to be supportive and address the issue of asthma and secondhand smoke on campus.

OBJECTIVE 4 BASELINE AND TARGET:

Data Source	Baseline	Objective Goal
Smoking in Restaurants, Public Act 242 of 1993	Restaurants with >50 seats provide a minimum of 50% nonsmoking seats; restaurants with < 50 seats provide a minimum of 25% nonsmoking seats	All restaurants and bars will be 100% smoke-free
MDCH Smoke-Free	21% of Michigan restaurants are 100% smoke-free	All restaurants and bars will be 100% smoke-free

OBJECTIVE 5 BASELINE AND TARGET:

Data Source	Baseline	Target
MDCH Smoke-Free Database	50% of Michigan private colleges/universities have 100% smoke-free dorms (8 of 16)	75% of Michigan private colleges/ universities will have 100% smoke-free dorms (50% increase)
	38% of Michigan public colleges/universities have 100% smoke-free dorms (5 of 13)	62% of Michigan public colleges/universities will have 100% smoke-free dorms (60% increase)

GOAL AREA TWO WORKGROUP PARTICIPANTS

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Promote Quitting Among Adults & Youth

OBJECTIVE 1

By October 2008, fully fund a statewide proactive quitline capable of handling 27,000 callers per year and available to anyone who wants to quit. Interim: By December 2004 implement and evaluate success of a pilot quitline targeting smokers in the Upper Peninsula of Michigan and capable of handling one thousand (1,000) callers annually (Oct 03-Sept 04).

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Establish a statewide quit line that is targeted (via media promotion) to the Upper Peninsula population. This will serve as a pilot for future expansion.
2. Identify and seek new funding to expand quitline services to other population segments.

   * Engage the various independent cessation quitline sponsors to invest in one statewide quitline.

   * MDCH will offer a match for managed care plan investment in the quitline.
3. Seek funding support from Master Settlement Agreement.
4. Develop a legislative strategy to increase the tobacco excise tax with dedicated funding for the statewide quitline.
5. Design or use existing ancillary or alternative cessation support services to ensure that disparate groups of the population share equally in the benefits offered to the population at large. These include, but are not limited to the following:

   • Research and recommend a web-based service (such as HelpingHand.com) available to those who have computers and may work at night (or those who just prefer the worldwide web).

   • Identify services for those who may not be able to or can't use the telephone service.

   • Assess the need for and identify culturally sensitive and language appropriate services (some may be incorporated into the quitline itself or alternative methods developed to meet disparate populations needs).

   • Design a model(s) for service to people without a telephone or computer, e.g., faith-based initiative through Parish Nurses or Community Health Centers.

   • Develop outreach strategies for service at Bingo Halls or Casinos. These could include a kiosk with information and a direct line to the quitline or, in the case of Casinos, a direct link to a Tribal Health Center.
6. Develop a media campaign that is culturally sensitive and language appropriate to target the universe of adult smokers.

OBJECTIVE 2

By October 2008, increase insurance coverage of evidence-based treatment for nicotine dependency among managed care organizations from 9% to 100%. For Medicaid, increase offered coverage to 100% of all identified pharmaceutical treatments.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Use the current Michigan Association of Health Plans (MAHP) Health Plan Grid to create peer pressure among providers to provide more pharmacy and cessation services.
2. Develop a plan for effectively communicating the cost-benefits of pharmacotherapy and cessation services to health plan leadership.

   • Get support from employer groups and unions

   • Connect the social benefits of smoke-free policies to health insurance policy benefits

   • Utilize statements and examples from Michigan Health Plans that have already implemented comprehensive prevention and cessation programs.
3. Create a model to present to health plan leadership detailing the benefits and strategies for supporting pharmacotherapy and cessation services to their clients.
4. Partner with pharmaceutical companies to arrange large group buys thereby decreasing overall costs.
5. Encourage the National Council for Quality Assurance (NCQA) to include specific questions on the Health Plan Employer Data and Information Set (HEDIS) regarding offers of pharmacology from provider, and get agreement to place HEDIS results on the MAHP website.
6. Develop a legislative strategy to advocate for earmarking new funds (e.g., tobacco settlement funds, tobacco excise tax, Healthy Michigan Fund, etc.) for free or discounted cessation pharmacotherapy through the quitline.

OBJECTIVE 1 BASELINE AND TARGET:

October 2008

Data Source	Baseline	Target
Leade Health Quiltline Evaluation	Will be established upon completion of the Upper Peninsula pilot quitline	27,000 Michigan adult smokers

Note: Based on Michigan's adult population (7,419,969) x adult smoking rate (24.2%) x estimated percent of smokers who would use a quitline (1.5%) = 26,934 potential quitline users.

Interim: October 2005

Data Source	Baseline	Target
Michigan Tobacco Use Matrix (MDCH)	27% of the Matrix data is complete with mixture of Michigan and national data	100% of the Matrix data will be complete for Michigan's five major ethnic populations

OBJECTIVE 2 BASELINE AND TARGET:

Data Source	Baseline	Target
Managed Care Organizations	9% of insurance plans offer coverage for all identified pharmaceutical treatments	100% of insurance plans offer coverage for all identified pharmaceutical treatments
Medicaid	Medicaid currently offers coverage for four of the six identified pharmaceutical treatments.	Medicaid offers coverage for 100% of all identified pharmaceutical treatments.

OBJECTIVE 3

By October 2008, increase to 100% the number of health care providers in all 83 Michigan counties who use provider reminder systems to intervene with patients who use tobacco or who are exposed to secondhand smoke.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Target office managers and physicians to promote implementation of tobacco use identification office systems in every provider clinic that prompts tobacco use questions for every patient at every visit.
2. Target office managers and billers to promote office policies using ICD-9 diagnosis codes for tobacco use.
3. Identify insurance providers that pay providers for the time they spend in assessing tobacco use and treatment.
4. Discuss charting incentives with Health plans and develop options to encourage evidenced-based cessation services and care.
5. Based on needs assessment, target and get scheduled into major health conferences to train on implementation and use of provider reminder systems.

   • Apply for continuing education credits (CEU/CME) to draw physicians and nurses to training on physician reminder systems and the HHS 5 A's.

OBJECTIVE 4

By October 2008, increase smoking cessation during pregnancy to 60% and decrease relapse rates during the postpartum period to 43.5% (37 percent improvement).

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Develop a legislative strategy for increased appropriations for pregnancy (Smoke-Free Baby and Me) programs that have specific recording and reporting systems for pregnant women.
2. Find innovative approaches for educating providers regarding the health impact of cessation support during pregnancy and the postpartum period.
3. Develop a statewide maternal smoking cessation collaborative to focus resources and enhance services.

OBJECTIVE 3 BASELINE AND TARGET:

Data Source	Baseline	Objective Goal
Michigan State University Department of Family Practice, 2002	Percentage of Providers who: Asked = 37% Advised = 42% Assessed = 33% Assisted = 21% Arranged = 8%	Percentage of Providers who: Asked = 100% Advised = 100% Assessed = 100% Assisted = 100% Arranged = 100%

OBJECTIVE 4 BASELINE AND TARGET:

Data Source	Baseline	Target
Michigan PRAMS, 2000	Cessation during pregnancy 37.2%	Cessation during pregnancy 60.0%
American Journal of Public Health (1990)	Relapse Rate after 12 months 67.0%	Relapse Rate after 12 months 43.5%

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Prevent Initiation Among Young People

OBJECTIVE 1

By December 2007 amend Michigan's Youth Tobacco Act (YTA) to further reduce illegal sales to minors and enhance state and local collaborations to further restrict youth access to tobacco.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Develop a legislative strategy to support the following amendments to the YTA:
   - Establish graduated penalties for repeated violations by retailers and make fines for illegal tobacco sales the same as current fines for selling alcohol to a minor (Michigan Liquor Control Commission [MLCC] penalty).
   - Require that all tobacco retailers be licensed by the State of Michigan stipulating loss of license for multiple violations over a set period of time, and earmarking license fee to support enforcement activity.
   - Designate YTA violation as a civil infraction rather than a criminal misdemeanor.
   - Eliminate affirmative defense for retailers.
   - Eliminate self-service tobacco displays.
   - Identify alternatives to prosecution of minors.
   - Legislate that members of local Citizen Police Academy, posse, etc., can be deputized to enforce the YTA in collaboration with local law enforcement.
   - Revise and improve signage requirements for tobacco retail stores.
2. Increase awareness and understanding of the YTA and enhance state and local collaborations to further restrict youth access to tobacco.
   - Convene retailer advisory committee to develop strategies for increasing vendor compliance with the YTA.
   - Educate judges and local prosecutors regarding the importance of enforcing the YTA.
   - Improve State of Michigan communication regarding activities in this arena via presentations at Tobacco-Free Michigan meetings, etc.

OBJECTIVE 2

By June 2005, increase the Michigan state tax on cigarettes by 40 percent (from $1.25 to $1.75); restructure the tax on other tobacco products (OTP) (e.g., cigars, non-cigarette smoking tobacco and spit tobacco) to an amount per pack that is equal to or greater than the tax on a pack of cigarettes.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Identify legislative champion(s) to amend state law increasing the tobacco excise tax.
2. Coordinate message/rationale for cigarette tax increase with Michigan Department of Education to highlight benefit of a tax increase to schools' budgets.
3. Increase the percent of tobacco tax allocated to the Healthy Michigan Fund to 10 percent (up from a 6 percent) and promote an increase in tobacco prevention and control funding.

OBJECTIVE 3

By October 2008, increase school-based tobacco prevention programming by integrating tobacco prevention lessons into standards-based classroom instruction and increasing the number of school-based cessation programs.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Use educational content standards and benchmarks for classroom core curriculum, and select tobacco prevention lessons from the Michigan Model tobacco prevention modules and the American Lung Association's "Teens Against Tobacco Use" (TATU) curriculum.
2. Promote the integration of tobacco prevention education in standards-based instruction.
3. Establish baseline data on tobacco prevention and cessation program and curricula implemented in middle and high schools through collaboration with the Michigan Department of Education, utilizing a survey that is implemented on a continual basis, such as the School Health Education Profile.
4. Increase the number of schools implementing the "Not on Tobacco" (N-O-T) youth tobacco cessation program during school hours.
5. Target alternative education schools.

OBJECTIVE 1 BASELINE AND TARGET:

Data Source	Baseline	Target
Michigan Tobacco Use Matrix	Current provisions	Improved provisions (see #1 below)
Synar Compliance Checks	15.7% current non-compliance rate (2002 data)	10% targeted non-compliance rate

OBJECTIVE 2 BASELINE AND TARGET:

Data Source	Baseline	Target
Michigan Tobacco Tax Act, PA 503 of 2002	Tobacco tax of $1.25 per pack of cigarettes.	Increase tobacco tax to $1.75 per pack of cigarettes
	Tobacco tax of 20% of wholesale price for other tobacco products	Increase the tobacco tax for other tobacco products > tobacco tax per pack of cigarettes. (Parity = 82.5%)

OBJECTIVE 3 BASELINE AND TARGET:

Data Source	Baseline	Target
Standards-based Test preparation,	0%	100%
School-based Cessation programs	10%	100%

*Note: As of June 2003, 94 public high schools (grades 9-12) out of 890 have been awarded a grant by MDCH to implement the "Not-On-Tobacco" (NOT) program in their school. Evaluation of the effectiveness of the NOT program is currently in process.

OBJECTIVE 4

By October 2008, decrease the smoking rate from 28.7% to 22.1% among college age population, ages 18-24, through increased tobacco prevention and cessation programming on college campuses.

STRATEGIES TO ACHIEVE THE OBJECTIVE:

1. Identify potential funders who are interested in the issue of reducing tobacco use among the college-aged population.
2. Increase partnership and collaboration between Michigan colleges/universities and local tobacco reduction coalitions and communities of color agencies to reduce tobacco use among college students and increase on-campus smoke-free policies.
   - Determine how on-campus tobacco policies are enforced to identify key players on campus who would be influential in the adoption, implementation, as well as enforcement of tobacco-free policies.
   - Encourage universities/colleges to make tobacco prevention and cessation priority areas for student health center programming and to fund more on-campus tobacco prevention activities.
   - Identify already-existing on-campus prevention and cessation campaigns proven effective in reducing tobacco use among the college-age population and encourage universities/colleges to implement similar campaigns.
   - Focus on priority groups and populations of students that are more susceptible to use tobacco on university/college campuses based on certain risk factors (i.e., high-stress major of study, perception of body image, level of peer pressure, group culture).
3. Through on-campus assessments, develop an electronic statewide database on tobacco-free campus policies incorporating information from all Michigan colleges and universities.
4. Encourage universities to divest in tobacco industry stocks and to not accept tobacco industry funding for on-campus programs.

OBJECTIVE 5

By October 2008, increase Michigan adolescents' (ages 12-17) disapproval in tobacco use to 95% for all age categories.

STRATEGIES TO ACHIEVE THE OBJECTIVE

1. Establish a statewide youth empowerment network to work on youth tobacco prevention programming and counter marketing campaigns.
2. Identify potential funders to support a statewide youth empowerment and tobacco prevention network; utilize local community foundations to identify other foundations that fund youth and substance abuse activities.
3. Establish a statewide youth empowerment and tobacco prevention network from existing local and regional youth campaigns.
   - Identify potential funders to support network coordination and activities, and utilize local community foundations to identify other foundations that fund youth and substance abuse activities.
   - Coordinate the network at the state level by providing resources and multiple communication channels for youth and adults such as mailings, print media, e-mail and the Internet.
   - Recruit new youth members from school-based and community-based youth organizations through youth empowerment and counter-marketing messages.
   - Create a resource center to house Michigan-based youth empowerment and tobacco prevention materials and used in local and youth empowerment campaigns.
4. Identify a state legislator to be a "legislative champion" for youth tobacco prevention and legislate for new funds, (e.g., tobacco settlement funds, tobacco excise tax, Healthy Michigan Funds, etc.) to be allocated to support the operations and activities of the statewide youth empowerment and tobacco prevention network.

OBJECTIVE 4 BASELINE AND TARGET:

Data Source	Baseline	Target
Behavioral Risk Factor Surveillance System (BRFSS), 2002	28.7% current smoking rate	22.1% (23% improvement rate)

OBJECTIVE 5 BASELINE AND TARGET:

Data Source	Baseline	Objective Goal
Monitoring the Future Survey, 2002	8th grade disapproval rate	
	84.6% for cigarettes	95.0%
	80.6% for SLT (smokeless tobacco)	95.0%
Monitoring the Future Survey, 2002	10th grade disapproval rate	
	80.6% for cigarettes	95.0%
	78.7% for SLT	95.0%
Monitoring the Future Survey, 2002	12th grade disapproval rate	
	73.6% for cigarettes	95.0%
	no baseline for SLT	95.0%

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Surveillance, Monitoring & Evaluation

The Michigan Tobacco Control Program allocates approximately 10 percent of its annual budget for tobacco surveillance and evaluation projects throughout the year. There is a wealth of data resources currently available or potentially valuable in collecting improved data for tracking progress of tobacco reduction activities. Data sources available for tracking tobacco use rates of adult, youth and pregnant women populations include: the Behavioral Risk Factor Surveillance System (BRFSS), the National Household Survey on Drug Abuse (NHSDA), and the National Health Interview Survey (NHIS), the Michigan Cancer Registry, Michigan Census Data, Michigan Birth Certificate Data, Michigan Death Certificate Data, Current Population Survey (CPS), State Tobacco Activities Tracking & Evaluation (STATE), SYNAR Compliance Checks, School Health Education Profiles (SHEP), Hospital Discharge Data, Smoking Attributable Morbidity, Mortality & Economic Casts (SAMMEC), and Tax Revenue Data and Cigarette Consumption Data.

Many of the baseline information and target projections for the Strategic Plan objectives derive from data in these instruments. Measurement of some objectives will require expansion of these existing instruments to include new information. For example, compiling accurate data for special populations identified as disparately affected by tobacco use requires inclusion of new questions in the BRFSS, the Adult Tobacco Survey and the Youth Tobacco Survey.

The Strategic Plan will drive the commitment to introduce new data collection strategies for improved measurement and tracking. They include the following:

- The Adult Tobacco Survey will be implemented for the first time in Michigan in January 2004. It contains 43 core questions with the option for additional modules to assist in tracking public knowledge, attitudes and behaviors with regard to tobacco. In addition to the new data set it will provide, one of its major accomplishments will be the over-sampling of the Arab-American, Asian-American, and Latino/ Hispanic populations. The collection of accurate, Michigan-specific information for these ethnic communities is an interim objective and another step toward more comprehensive Michigan-specific data regarding populations and groups disparately affected by tobacco use.
- Additional questions will be included in the Behavioral Risk Factor Surveillance System (BRFSS). These include questions that specifically target college-aged young adults (18-24). The plan is to over-sample this population and include questions about tobacco use (current vs. part-time smoker) and other questions that may help to determine relationships between tobacco and other health factors (for example, tobacco and alcohol use).
- New questions will be added to the Pregnancy Risk Assessment Monitoring Survey (PRAMS). Among the pregnant women population, there will be questions to help analyze cessation rates and relapse rates as well as services requested and received from the physician.

In the last year, the Michigan Department of Community Health has accumulated a variety of data sets from various instruments. As this data is compiled, it will be very useful in creating more accurate baselines for some of the stated objectives and in providing more accurate comparisons with data collected in the future. The two major instruments that will be focused on are the Youth Tobacco Survey and the MDCH Smoke-Free Database.

- The Youth Tobacco Survey (YTS) was conducted in middle and high schools in 2001 and 2003, in collaboration with the Michigan Department of Education's Youth Risk Behavior Survey (YRBS). The Michigan YTS was expanded to include regional surveys for Wayne County, Kent County and the Upper Peninsula in 2003. These regional Youth Tobacco Surveys will provide information about local youth tobacco attitudes and behaviors and will also allow for comparison between the regional and statewide data sets. There will be stronger emphasis to expand the regional information when the survey is conducted again in spring 2005. The Native American Youth Tobacco Survey that was conducted by the Inter-Tribal Council of Michigan in 2002 is a valuable resource in filling the gap of information about Native American youth.
- Michigan Department of Community Health Smoke-Free Database is currently in the design stage and will be completed by October 2004. The database will provide a comprehensive picture of the tobacco policies within our state. It will include population profiles regarding tobacco use, tobacco and smoke-free policies for municipalities, K -12 public schools, public and private worksites, public and private colleges/universities, and restaurants.

Successful and ongoing implementation of this plan requires oversight by the Evaluation Advisory Board. This Board will be comprised of individuals with expertise and interest in each of the focus areas. These individuals will have full and timely access to the data and information necessary for them to effectively evaluate and monitor progress of the Strategic Plan implementation.

Implementation

Once the Five-Year Strategic Plan has been widely distributed and endorsed, its successful implementation will require substantial organizational and financial resources. The health risks and economic impact of tobacco use and secondhand smoke are borne by all Michigan residents; it is therefore the responsibility of all institutions, groups and individuals to contribute toward reducing the economic burden and health risks associated with tobacco use. Tobacco-Free Michigan and the major voluntary organizations will guide legislative initiatives.

In April and May 2004 the Five-Year Strategic Plan was distributed statewide to the voluntary organizations, stakeholders, and other professional associations and groups, including local health departments and coalitions, for their review and endorsement signatures.

Concurrently, Implementation and Evaluation Workgroups are being re-constituted from the original focus area workgroups. These 'Implementation Champions' will be supported by staff from the MDCH Tobacco Section. Their responsibilities include:

- Continue to identify likely partners for collaboration on specific strategies and objectives in their respective goal areas.
- Collaborate with other key stakeholders to engage partners and participants in the myriad events and activities that will need to occur to ensure that strategies are implemented and objectives achieved.
- Monitor the timeline that has been developed to prioritize objectives over the five-year continuum, and encourage timely focus on short, intermediate and long-term objectives (see attached timeline).
- Bring attention to the successes and challenges for the objectives in that focus area and recommend solutions for continued progress.
- Participate in an annual evaluation of the goal area (see further information under "Annual Review and Update", below.

Annual Review & Update

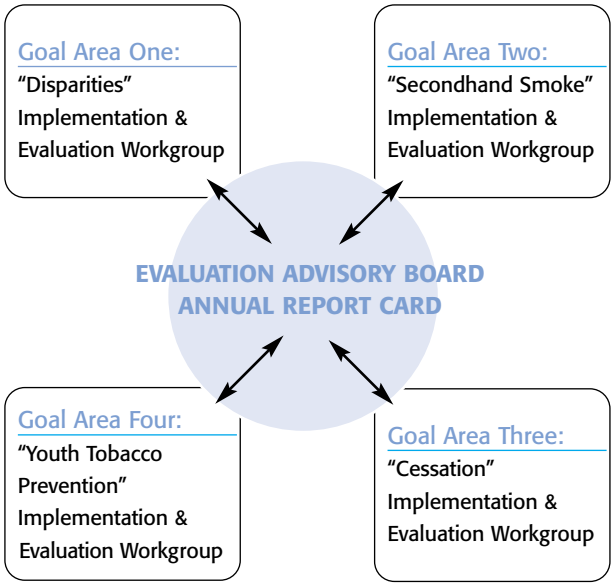
Monitoring of the Strategic Plan is essential to its relevance and success. It is anticipated that the process of ongoing review and update of the Five-Year Strategic Plan will have at least three desirable outcomes, in addition to the obvious value of tracking progress and modifying for success. First, ongoing assessment by those who are involved in the creation and implementation of the plan will generate sustained interest in achieving the plan's objectives. Secondly, those reviewing and updating the Strategic Plan will be best- suited and most knowledgeable in recommending changes and modifications to the plan. Updates will be made based on changing economic, political and social realities and special opportunities that may arise. Finally, timely analysis and informed decisions by stakeholders and partners will enhance the potential for the plan to keep the attention of other interested parties and the general public.

The review and analysis of the Five Year Strategic Plan will be the responsibility of the Implementation and Evaluation Workgroups and the Evaluation Advisory Board. Each workgroup will have representatives on the Evaluation Advisory Board (see diagram below), and will meet at least quarterly to review implementation opportunities and challenges, identify successes and recommend changes as needed. Implementation and Evaluation Workgroups will also provide periodic updates in at least one of the four goal areas at the quarterly Tobacco-Free Michigan membership meetings.

The Evaluation Advisory Board will assemble an annual evaluation meeting, with the first being in October 2004, to evaluate progress. During this process partners and participants will have opportunity to recommend adjustments or additions to the plan. The Advisory Evaluation Board will oversee the production and distribution of an annual Tobacco-Free Report Card that summarizes findings, marks successes, and identifies ongoing needs in each of the four goal areas. A final report analyzing the strategies and outcomes of the Five-Year Strategic Plan will be completed in the early winter of 2008.

Advisory Board & Workgroups

The following chart illustrates the relationship between the Five-Year Strategic Plan Evaluation Advisory Board and the Implementaion & Evaluation Workgroups.



Timeline for Five-Year Strategic Plan

The following timeline overviews the tobacco-use prevention and reduction in Michigan according to the four goal areas given in *Tobacco-Free Michigan 2008*..

OCTOBER 2004

SHS Research, develop and implement an effective statewide secondhand smoke media campaign

DECEMBER 2004

SHS, D, Y Amend the Tobacco-Free Schools Act to include a 24/7 smoke-free campus policy for all public and private schools, including all property, vehicles, and outdoor school events

C Implement and evaluate success of a pilot quitline capable of handling 1200 callers annually (Oct 03-Sept 04)

JUNE 2005

Y Increase the Michigan state tax on cigarettes from $1.25 to $2.00. Restructure the tax on other tobacco products (OTP) to an amount per package that is equal to or greater than the tax on a pack of cigarettes. (Parity=82.5%)

OCTOBER 2005

SHS Increase the number of Michigan's four-year public and private college/universities with smoke-free dorms by 50% for private institutions and by 60% for public institutions

C Fully fund a statewide proactive quit-line capable of handling 27,000 callers per year and available to anyone who wants to quit.

DECEMBER 2005

(See below - Amend MI Clean Indoor Air Act)

D Promote secondhand smoke awareness within three (3) automobile assembly plants in SE Michigan.

SHS Amend Michigan's Clean Indoor Air Act to establish 100% smokefree work environments for all public and private worksites.

DECEMBER 2007

Y Amend Michigan's Youth Tobacco Act (YTA) to further reduce illegal sales to minors and enhance state and local collaborations to further restrict youth access to tobacco.

JUNE - OCTOBER 2008

SHS Pass a state law making bars and restaurants 100% smoke-free.

OCTOBER 2008

D Increase policy makers' and community leaders' awareness regarding the burden of tobacco-related disparities and the need for increased funding.

D Increase quit attempts among African American, Latino/Hispanic American, Arab/Chaldean, Asia-American and White WIC participants.

OCTOBER 2008 continued

D Increase participation in tobacco control efforts of populations disparately affected by tobacco use through increased coalition recruitment and increased funding to more community groups representing the special populations.

D, Y Reduce initiation of tobacco use among youth grades 6-12, especially Native American and White youth.

D Incorporate prevalence and morbidity/mortality data for all special populations and groups disparately affected by tobacco use into established data collection tools and/or create new instructions to capture missing information.

C, D Increase smoking cessation during pregnancy and up to one year postpartum, from 37.2% to 60% and decrease relapse rates during the postpartum period from 67% to 43.5%.

C Increase insurance coverage of evidence-based treatment for nicotine dependency among managed care organizations from 9% to 100%. For Medicaid, increase offered coverage to 100% of all identified pharmaceutical treatments.

C Increase to 100% the number of health care providers in all 83 Michigan counties who use provider reminder systems to intervene with patients who use tobacco or who are exposed to secondhand smoke.

Y Increase school-based tobacco prevention programming by integrating tobacco prevention lessons into standards-based classroom instruction and increasing the number of school-based cessation programs.

Y, C Decrease the smoking rate among college age population, ages 18-24, through increased tobacco prevention and cessation programming on college campuses.

Y Increase Michigan adolescents' (ages 12-17) disapproval in tobacco use by establishing a statewide youth empowerment network to work on youth tobacco prevention programming and counter marketing campaigns relaying the truth about tobacco industry tactics.

KEY

D	=	Goal Area 1: Identify and Eliminate Disparities in Tobacco Use
SHS	=	Goal Area 2: Eliminate Exposure to Secondhand Smoke
C	=	Goal Area 3: Promote Quitting Among Youth and Adult Smokers
Y	=	Goal Area 4: Prevent Youth Tobacco Use Initiation

ENDORSERS OF THE FIVE-YEAR STRATEGIC PLAN ON TOBACCO-USE REDUCTION AND PREVENTION

ACCESS
Allegan County Tobacco Reduction Coalition
Alzheimer's Assoc. of NW Mi Chapter
American Heart Association, Greater Midwest Affiliate
Arab American And Chaldean Council
Barry County Tobacco Reduction Coalition
Bay County Health Department
Beaumont Women's Heart Center
Berrien County Health Department
Black Child & Family Institute
Black Family Development, Inc.
Borgess Medical Center
Calhoun County Tobacco Reduction Coalition
Catholic Human Services, Inc. Cheboygan/Otsego Co.
Center for Social Gerontology, Inc.
College of Human Medicine, Michigan State University
Community Health & Social Services Center (CHASS)
Delta-Menominee Community Tobacco Reduction
Detroit Clean Air Network
Diabetes, Kidney & Other Chronic Diseases Section
District Health Department #10
Eaton Intermediate School District
Genesee County Health Department
Governor's Council on Physical Fitness, Health and Sports
Grand Traverse County Tobacco Coalition
Grand Traverse County Tobacco Coalition
Great Lakes Cancer Institute
Greater Detroit Area Health Council
Greater Lansing African American Health Institute
Hospice of Michigan
Huron County Health Department
Ingham County Health Department
Ionia County Health Department
Kalamazoo County Human Services
League of Michigan Bicyclists
Livingston County Department of Public Health
LMAS District Health Department
Macomb County Health Department
Macomb County Tobacco Prevention Coalition
Marquette County Tobacco Reduction Coalition
Michigan Association for Local Public Health
Michigan Association of Health Plans
Michigan Asthma Advisory Committee
Michigan Center for Rural Health
Michigan Citizens for Smoke Free Air
Michigan Commission on Spanish Speaking Affairs
Michigan Dental Hygienists' Association
Michigan Department of Education
Michigan Fitness Foundation
Michigan Hospice & Palliative Care Org.
Michigan Recreation and Park Association
Michigan Society for Respiratory Care
Michigan Society of Hematology and Oncology
Michigan State Medical Society
Mid-Michigan District Health Department
Monroe County Health Department
Muskegon County Health Department
National Association of Hispanic Nurses - MI Chapter
National Kidney Foundation of MI
NicoTeam
Northern Michigan Substance Abuse Service
Northpointe Health Center
Northwest Mi. Community Health Agency
Office of Services to the Aging
Ottawa County Health Department
Paramount Care of Michigan
Paramount Health Care of Ohio
Peer Educators of Genesee County
Physicians Health Plan of Mid-Michigan
PREVCO
Prevention Network
S.A.F.E. Coalition
Saginaw County Tobacco Coalition
Sanilac County Health Department
School Community Health Alliance of MI
Shiawassee County Health Department
Southern Michigan Diabetes Outreach Network
St. Clair County Health Department
St. Mary's Cancer Institute
The Asian Center
The Asian Center/GVSU
The Michigan Academy of Family Physicians
The Wellness Plan
Tobacco Control Law & Policy Consulting
Tobacco Free Partnerships
Tobacco-Free Livingston/Key Alliance Inc.
Tri-Cities Tobacco Reduction Coalition
Troy Community Coalition
Truths About Tobacco
Tuscola County Health Department
Tuscola Partnership for Tobacco Reduction
University of Detroit Mercy School of Dentistry
Washtenaw Asthma Coalition
Washtenaw County Tobacco Reduction Coalition
Wayne County Department of Public Health
West Michigan Cancer Center
Western Upper Peninsula District Health Department

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